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INDICATION FORM

Application Number	09/2327258
Filing Date	JAN 19, 1999
First Named Inventor	Robert L. Jones
Title	ROACHES LAST STAND
Art Unit	
Examiner Name	
Attorney Docket Number	1002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
Leslie A. Thompson	54584

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<input checked="" type="checkbox"/> Firm or Individual Name	Leslie A. Thompson Reg. Registration No. 54,584			
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Robert L. Jones	Date	1-30-06
Name	Robert L. Jones	Telephone	504-237-8158
Title and Company	OWNER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	092320258
Filing Date	JAN 19, 1999
First Named Inventor	Robert L. Jones
Art Unit	
Examiner Name	
Attorney Docket Number	1007

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leslie A. Thompson Esq Registration No. 54,584		
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Robert L. Jones		
Name	Robert L. Jones		
Date	1-30-06	Telephone	5042378158

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